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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 01-525
		First Inventor or Application Identifier SUZUKI
		Title OPERATION EQUIPMENT FOR VEHICLE
		Express Mail Label No. PTO-S1702
<i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i>		

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>	5. <input type="checkbox"/> Microfiche Computer Program (<i>Appendix</i>)
2. <input checked="" type="checkbox"/> Specification [Total Pages 26]	6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>
-Descriptive title of the Invention	a. <input type="checkbox"/> Computer Readable Copy
-Cross Reference to Related Applications	b. <input type="checkbox"/> Paper Copy (identical to computer copy)
-Background of the Invention	c. <input type="checkbox"/> Statement verifying identity of above copies
-Summary of the Invention	
-Brief Description of the Drawings	
-Detailed Description of the Preferred Embodiment	
-Claims	
-Abstract of the Disclosure	
3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2]	
4. Oath or Declaration [Total Sheets 3]	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) Assignee: DENSO CORPORATION
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) <i>(for continuation/divisional with Box 16 completed)</i>	8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	9. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)
	10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations
	11. <input type="checkbox"/> Preliminary Amendment
	12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i>
	*Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired
	13. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>
	14. <input type="checkbox"/> Other:
	15.
NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)	

16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP)

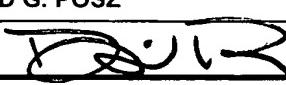
of prior application No: _____

Prior application information: Examiner _____

Group/Art Unit: _____

For **CONTINUATION or DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23400	<input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i>
Name		
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City	State	Zip Code
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Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature			Date
			February 9, 2004

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Mail Stop Patent Application, Arlington, VA 22202.

